Please type a plus sign inside th	is box + TO	/SB/01 (1	2/97) Appr	roved for us	e through	9/30/00,	OMB 0651-003	32 +	
DECLARATION FOR TILITY OR					Docket N	Aber 35	5532.0001		
DESIGN PATENT APPLICATION (37 CFR 1.63)					ed Invent	or B	rian T. Glinsboed	ckel	
					COMPLETE IF KNOWN				
		laration mitted after Initia ng (surcharge CFR 1.16(e))		Application	on Numbe	r			
DeclarationSubmitted OR	Sub Fili		ter Initial	Filing Dat	te		01/31/2002		
with Initial Filing				Group Ar	t Unit				
1 milg	•	ired)		Examiner	Name				
As a below-named inventor,	I hereby decla	re that:							
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
Support Apparatus With Interchangeable Inserts									
(Tisla of the Importion)									
the specification of which is attached hereto OR									
₩ was filed on (MM/DD/Y	YYY)		a	s United Sta	ates Appli	cation Numbe	er or PCT Interna	ational	
Application Number									
Thereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
#acknowledge the duty to dis	close information	on which	is material to pa	tentability a	s defined	in 37 CFR 1.	56.	_	
Thereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application (Numbers)	Countr	Foreign Filir		ng Date	Priority Not Claimed		Certified Cop YES		
						0	0		
						<u> </u>		0	
			<u>-,</u>		<u> </u>			0	
□ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Numb	Filing Date (MM/DD/YYYY)			Y)					
60/289,495	05/08/2001				 Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. 				

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Number (MM/DD/YYY) (if applicable) (if application and to transact all business in the Paraction on the Paraction and to transact all business in the Paraction on the Para	Number Number (MM/DD/YYYY) (if applicable)	between the filing date of the prior application and the national or PCT international filing date of this application.											
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number OR Registration No. Name Registration No. Registration No. Name Registration No. Registration No. Name Registration No. Registration No. Name Registration No. Name Registration No. Registration No	□ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: □ Customer Number OR ■ Registration number listed below ■ Registration No. ■ R	U.S. Parent Application or PCT Parent						Parent Filing Date			Parent Patent Number		
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number Registration number listed below Name Registration No.	As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number Registered practitioner's name/registration number listed below Name Registration No. Registration No. Registration No. Name Registration No. Name Registration No. Name Registration No. Registration No. Name Regis	Number					·	(141141/101/11111)			(y appuca	(ij applicable)	
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number OR Registration number listed below Name Registration No. Registration No. Name Registration No. Registration No. Name Registration No. Registration N	As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number Registered practitioner's name/registration number listed below Name Registration No. Residence: City Remmore State Ny Country USA Citizenship USA City Name City Remmore State Ny Country USA City Name Country USA		-	· · · · · · · · · · · · · · · · · · ·	<u> </u>								
The Patent and Trademark Office connected therewith: □ Customer Number OR Registered practitioner's name/registration number listed below Name Registration No. Registr	the Patent and Trademark Office connected therewith: Customer Number OR Registration number listed below Name Registration No. Name of Patical State Registration No. Name Registration No. Name Registration No. Name Registration No. Name of Sole or First Inventor: Given Name (first and middle [if any]) Registration No. Name Registration No. Name of Sole or First Inventor: Gilinsboeckel Name of Sole or First Inventor: Registration No. Name of Sole or First Inventor: State Ny Country USA Citizenship USA City Name or Suname Registration No. Registration No. Registration No. Name of Sole or First Inventor: Registration No. Registration No. Registration No. Registration No. Name of Sole or First Inventor: State Ny Country USA Citizenship USA	Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.											
Registred practitioner's name/registration number listed below Registred practitioner's name/registration number listed below Registration No. Name Registration No.	Registered practitioner's name/registration number listed below Name Registration No. Name Name Name Name Name Name Name Name	As a named the Patent	d inventor, I and Tradema	hereby app rk Office o	oint the foonnected	ollowing reg therewith:	istered prac	titioner(s) t	o prosecu	te this applicati	on and to transac	t all business in	
Registered practitioner's name/registration number listed below Name Registration No. Name Registration No.	Registered practitioner's name/registration number listed below Name Registration No. Name Registration No.	□ Customer Number											
Name Registration No. Name Registration No. Name Registration No. Name Registration No. Name Registration No. Name Registration No. Name Registration No. Name Registration No. Name Registration No. Name Registration No. Name Registration No. Name Name Name Name Name Name Name Name	Name Registration No. Name Registration No. Name Registration No. David L. Principe 39,346 R. Kent Roberts 40,786 Rafiajana Kadle 40,041 Michael F. Scalise 34,920 Mārtin G. Linihan 24,926 Patrick J. Tracy 42,187 Revin D. McCarthy 35,278 Daniel C. Oliverio 33,435 Edwin T. Bean, Jr. 16,639 Jehn M. Del Vecchio 42,475 Jehn M. Del Vecchio 4	.	\rightarrow										
Derid L. Principe Renjana Kadle Alo,041 Michael F. Scalise 34,920 Martin G. Linihan 24,926 Patrick J. Tracy 42,187 35,278 Daniel C. Oliverio 33,435 Edwin T. Bean, Jr. 16,639 Post diduitional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto Direct all correspondence to: □ Customer Number or Bar Code Label David L. Principe Address Hodgson Russ LLP Address One M&T Plaza, Suite 2000 State New York ZIP 14203-2391 Country United States Telephone (716) 856-4000 Fax (716) 849-0349 hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief ure believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so nade are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: □ A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname Brian T. Glinsboeckel Date Post Office Address 201 Lincoln Blvd.	Devid L. Principe Ranjana Kadle Adu,041 Michael F. Scalise Ady,920 Martin G. Linihan 24,926 Patrick J. Tracy 42,187 Michael F. Scalise 33,4920 Martin G. Linihan 24,926 Patrick J. Tracy 42,187 Seyin D. McCarthy 35,278 Daniel C. Oliverio 33,435 John M. Del Vecchio 42,475 Edwin T. Bean, Jr. 16,639 Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto Direct all correspondence to: □ Customer Number or Bar Code Label Name David L. Principe Address Hodgson Russ LLP Address One M&T Plaza, Suite 2000 City Buffalo State New York ZIP 14203-2391 Country United States Telephone (716) 856-4000 Fax (716) 849-0349 Thereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: □ A petition has been filed for this unsigned inventor □ A petition has been filed for this unsigned inventor □ A petition has been filed for this unsigned inventor □ A petition has been filed for this unsigned inventor □ A petition has been filed for this unsigned inventor □ A petition has been filed for this unsigned inventor □ A petition has been filed for this unsigned inventor □ A petition has been filed for this unsigned inventor □ A petition has been filed for this unsigned inventor □ A petition has been filed for this unsigned inventor	Registere			egistratio						Dai cou	· · · · · · · · · · · · · · · · · · ·	
Renjana Kadle Michael F. Scalise Michael F. Scalise Mirtin G. Linihan 24,926 Patrick J. Tracy 42,187 35,278 Daniel C. Oliverio 33,435 Hohn M. Del Vecchio Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto Direct all correspondence to: Customer Number or Bar Code Label Coliver on Bar Code Label OR Correspondence address below Mame David L. Principe Address Hodgson Russ LLP Country United States Telephone (716) 856-4000 Fax (716) 849-0349 Hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Out Lincoln Blvd. Ocuntry O	Ranjana Kadle Martin G. Linihan Michael F. Scalise Martin G. Michael Martin G	<u>Li</u>	Name	;		Registrat	ion No.		N	ame	Registration No.		
Renjana Kadle Martin G. Linihan 24,926 Patrick J. Tracy 42,187 Relinin D. McCarthy 35,278 Daniel C. Oliverio 33,435 Daniel C. Oliverio 34,405 Daniel C. Oliverio 34,206 Daniel C. Oliverio 34,405 Danie	Ranjana Kadle 40,041 Michael F. Scalise 34,920 Mahrin G. Linihan 24,926 Patrick J. Tracy 42,187 Keyin D. McCarthy 35,278 Daniel C. Oliverio 33,435 John M. Del Vecchio 42,475 Edwin T. Bean, Jr. 16,639 John M. Del Vecchio 42,475 Edwin T. Bean, Jr. 16,639 John M. Del Vecchio Grand Mahrin G. Linihan J. Country Linic State Correspondence to: Customer Number or Bar Code Label Name David L. Principe Address Hodgson Russ LLP Address One M&T Plaza, Suite 2000 State New York ZIP 14203-2391 Country United States Telephone (716) 856-4000 Fax (716) 849-0349 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor:					39,336		R. Kent F	Roberts		40,786	40.786	
David L. Principe Davi	Say							Michael F. Scalise			34,920		
Edwin T. Bean, Jr. 16,639	John M. Del Vecchio 42,475 Edwin T. Bean, Jr. 16,639 Id,639 Id,639												
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto Direct all correspondence to:	Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto Direct all correspondence to: Customer Number or Bar Code Label Name David L. Principe Address Hodgson Russ LLP Address One M&T Plaza, Suite 2000 City Buffalo Country United States Telephone Thereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if any]) Brian T. Inventor's Signature Residence: City Kenmore State NY Country USA Citizenship USA Post Office Address City Kenmore State NY ZIP 14217 Country USA Country USA Country USA							1					
Customer Number or Bar Code Label OR Correspondence address below	Direct all correspondence to:		,					Edwin 1. Bean, 31.			10,037		
Customer Number or Bar Code Label OR Correspondence address below	Direct all correspondence to:	☐ Addition	nal registered	practitioner((s) named	on supplement	al Registered	Practitione	Informati	on sheet PTO/SE	3/02C attached here	ito	
David L. Principe Address Hodgson Russ LLP Address One M&T Plaza, Suite 2000 Outy Buffalo State New York ZIP 14203-2391 Country United States Telephone (716) 856-4000 Fax (716) 849-0349 hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Grian T. Glinsboeckel New York ZIP 14203-2391 Total State New York ZIP 14203-23	David L. Principe	100											
Address Hodgson Russ LLP Address One M&T Plaza, Suite 2000 State New York ZIP 14203-2391 Country United States Telephone (716) 856-4000 Fax (716) 849-0349 hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Ginan T. Glinsboeckel Name of Sole or First Inventor: USA Citizenship USA Post Office Address 201 Lincoln Blvd.	Address Hodgson Russ LLP Address One M&T Plaza, Suite 2000 City Buffalo State New York ZIP 14203-2391 Country United States Telephone (716) 856-4000 Fax (716) 849-0349 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Brian T. Glinsboeckel Inventor's Signature Residence: City Kenmore State NY Country USA Citizenship USA Post Office Address 201 Lincoln Blvd. Post Office Address Kenmore State NY ZIP 14217 Country USA				or Bar (Code Label			OR.	■ Corre	spondence addre	ss below	
Address One M&T Plaza, Suite 2000 State New York ZIP 14203-2391 Country United States Telephone (716) 856-4000 Fax (716) 849-0349 hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Grian T. Glinsboeckel Date //ap/az Residence: City Kenmore State NY Country USA Citizenship USA Post Office Address 201 Lincoln Blvd.	Address One M&T Plaza, Suite 2000 City Buffalo State New York ZIP 14203-2391 Country United States Telephone (716) 856-4000 Fax (716) 849-0349 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Brian T. Glinsboeckel Inventor's Signature Gallender State NY Country USA Citizenship USA Post Office Address 201 Lincoln Blvd. Post Office Address Kenmore State NY ZIP 14217 Country USA Country USA	_6.5.3		incipe									
Buffalo Country United States Telephone (716) 856-4000 Fax (716) 849-0349 hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Grian T. Glinsboeckel Date Application or Surname Country USA Citizenship USA Cost Office Address 201 Lincoln Blvd.	Country United States Telephone (716) 856-4000 Fax (716) 849-0349 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Brian T. Glinsboeckel Inventor's Signature Residence: City Kenmore State NY Country USA Citizenship USA City Kenmore State NY ZIP 14217 Country USA												
Country United States Telephone (716) 856-4000 Fax (716) 849-0349 hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Grian T. Glinsboeckel niventor's Gignature Residence: City Kenmore State NY Country USA Citizenship USA Country Coun	Country United States Telephone (716) 856-4000 Fax (716) 849-0349 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Brian T. Glinsboeckel Inventor's Signature Residence: City Kenmore State NY Country USA Citizenship USA City Kenmore State NY ZIP 14217 Country USA			Plaza, Suite	e 2000				_				
hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Glinsboeckel Newnor's Gignature Residence: City Kenmore State NY Country USA Citizenship USA Country Co	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Brian T. Glinsboeckel Inventor's Signature Residence: City Kenmore State NY Country USA Citizenship USA Post Office Address City Kenmore State NY ZIP 14217 Country USA						State	New York ZIP			14203-2391		
The believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor	are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if any]) Brian T. Glinsboeckel Inventor's Signature Residence: City Kenmore State NY Country USA Citizenship USA Post Office Address Post Office Address City Kenmore State NY ZIP 14217 Country USA				_								
A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Given Name (first and middle [if any]) Family Name or Surname Ginant. Glinsboeckel Nemore State NY Country USA Citizenship USA Citizenship USA Country Count	made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if any]) Brian T. Glinsboeckel Inventor's Signature Residence: City Kenmore State NY Country USA Citizenship USA Post Office Address City Kenmore State NY ZIP 14217 Country USA	I hereby de	clare that all	statements	made he	rein of my ov	vn knowled	ge are true	and that a	ll statements m	ade on informati	on and belief	
Name of Sole or First Inventor: Given Name (first and middle [if any]) Brian T. Glinsboeckel Newtor's Signature Residence: City Kenmore State NY Country USA Citizenship USA Cost Office Address 201 Lincoln Blvd.	Name of Sole or First Inventor: Given Name (first and middle [if any]) Brian T. Glinsboeckel Inventor's Signature Residence: City Post Office Address City Kenmore State NY Country VSA Country USA	are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so											
Given Name (first and middle [if any]) Given Name (first and middle [if any]) Glinsboeckel Noventor's Gignature Residence: City Kenmore State NY Country USA Citizenship USA Post Office Address 201 Lincoln Blvd.	Given Name (first and middle [if any]) Brian T. Glinsboeckel Inventor's Signature Residence: City Kenmore State NY Country USA Citizenship USA Post Office Address City Kenmore State NY ZIP 14217 Country USA	validity of	the application	on or any p	atent issu	ed thereon.	ider 10 0.5	.C. 1001 ai	iu tilat sut	JII WIIIIUI IAISC	statements may j	eopardize the	
Given Name (first and middle [if any]) Given Name (first and middle [if any]) Glinsboeckel Noventor's Gignature Residence: City Kenmore State NY Country USA Citizenship USA Post Office Address 201 Lincoln Blvd.	Given Name (first and middle [if any]) Brian T. Glinsboeckel Inventor's Signature Residence: City Kenmore State NY Country USA Citizenship USA Post Office Address City Kenmore State NY ZIP 14217 Country USA		7. **			·				- ·			
Residence: City Post Office Address Glinsboeckel Date 1/29/02 Country USA Citizenship USA Country USA Citizenship USA	Brian T. Inventor's Signature Residence: City Kenmore State NY Country USA Citizenship USA Post Office Address City Kenmore State NY ZIP 14217 Country USA	Name of So					□ A pet	ition has be	en filed fo	or this unsigned	l inventor		
Nventor's Signature State NY Country USA Citizenship USA Post Office Address 201 Lincoln Blvd.	Inventor's Signature Residence: City Renmore State NY Country USA Citizenship USA Post Office Address City Kenmore State NY ZIP 14217 Country USA												
Residence: City Kenmore State NY Country USA Citizenship USA Post Office Address 201 Lincoln Blvd.	Signature Residence: City Residence: City Post Office Address City Kenmore State NY Country USA Citizenship USA Citizenship USA City Kenmore State NY ZIP 14217 Country USA												
Post Office Address 201 Lincoln Blvd.	Post Office Address Post Office Address City Kenmore State NY ZIP 14217 Country USA	Signature S S		S	- Huch					Date	1/29/02		
Post Office Address 201 Lincoln Blvd.	Post Office Address Post Office Address City Kenmore State NY ZIP 14217 Country USA	Kermiore		}	State	NY	С	ountry	USA	Citizenship	USA		
ost Office Address	Post Office Address City Kenmore State NY ZIP 14217 Country USA	D 4 OCC A 11		lvd.	_			· · · · · · · · · · · · · · · · · · ·		<u> </u>			
ost Office (Addition	Remote 1421/ Country Con												
Remote 1421/ Country Con	Additional inventors are being named on the supplemental Additional Inventor(s) cheet(s) PTO/SB/02A attached bereto									14217	•	USA	
Additional inventors are being named on the supplemental Additional Inventor (2) 1-1/2 PTO (SD 1/02)													